infor- state UPA-	STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	6663
- =	/ County Carroll		181)	71
should f OCC		o Monral and	Registration Dist. No. No. Springfield State Hospita	
item sho	Village or City Sykesvill	(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
NS nt	Length of residence in city or town where	death occurredyrs,9_mos		10sd
Every CIANS ement	2. FULL NAME Harry Lee	Aiken		
	(a) Residence: No. 4201 Eld	leran Ave., Balti		
HY S	DEDSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and	l State
TT RECORD. TY. PHYSI. Exact Stat	PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	Male White	OR DIVORCED (write the word)	august 210	. 193 2
C 6 7 6	5a. If married, widowed, or divorced	1	(Month) (Day)	(Year)
O A A	HUSBAND of (or) WIFE of		October 24, 1931, to august 21	deceesed fro
H ZX J	7	/17/100%		, 19.3.2
B B E E	6. DATE OF BIRTH (month, day, and year) 0/ 7. AGE Years Months	/13/1873 Deys If LESS than	to have occurred on the date stated above, at 6.40 A m.	_; death is sai
FOR B. IS A PE stated E properly certificate	59 5	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
F(IS sta pro ceri	8. Trade profession or particular	1	Witral Regurgitation and	Date of once
ED HIS be be of	8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etcBOOK	okkeeper	Chronic Interstitial Nephriti	Pri
RVI ould may	Industry or business in which work was done, as SILK MILL, Unit SAW MILL, BANK, etc			10/24
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	1	. 31
RES VG IN AGE that	this occupation (month and year) Hebruary 1	931 spent in this Unk.		-
2 4	12. BIRTHPLACE (city or town) Govans	. Baltimore Co.	Other Contributory Causes of importance:	0 /2 =
ADII ADII d. s, se	(State or country) Maryland	J	Enterocolitis	-8/17
MARGI UNFAI supplied. n terms, ee instru	E 13. NAME Matthew K. Ail	ken		-J-02
MARGIN H UNFADI: supplied. in terms, so	13. NAME Matthew K. Ail 14. BIRTHPLACE (city or town) Carr	olle County	Name of operation None Date of	1
TH - TO	(State of country)	yland	What test confirmed diagnosty's and Lab. whindi	Possi N
Y, WITH carefully H in pla	15. MAIDEN NAME Mary Jer		23. if death wes due to external causes (VIOLENCE) fill in elso the following	g:
INLY, W) be carefu EATH in important.		timore ryland	Accident, suicide, or homicide? Date of Injury	, 19
AINLY, ld be car DEATH y import	- (Stele of Country)		Where did injury occur? (Specify city or town, county and Sta	te)
	17. INFORMANT Springfield S		(Specify city or town, county and State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
- 40	(Address) Sykesville, 18. BUNAL, CREMATION, OR REMOVAL	Md.	Manner of injury	
四一回 语	Gastimore Me	1 Date Lug, 23, 1932	Nature of Injury	
-WRITE mation s CAUSE TION is	19. UNDERTAKER M.M. Wies	uleld.	24. Was disease or Injury In eny way related to occupation of deceased?	No
S E O E	(Address) 36/2-22	St. Bulto her	If so, specify $A = \rho$	
Si Si C	20. FILED / 19.21/, 19.32 C	Harry Vins	(Signed) John h. Morris	
> Z		Registrar.	(Address) J. J. Hospital) Dykesville, M	d
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis S.P. 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPEAU V. P.			
40	- '		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9220 (8667
County lo assoll	Registration Dist. No. 70
Village or City Of aney town	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mog.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Rouben Henry	Les ander
(a) Residence: No.	St. Ward.
(a) Residence. No.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of margaret a alexander	1 HEREBY CERTIFY, That I attended deceased from 1932 to 110, 1932
6. DATE OF BIRTH (month, day, and year) Jan 15. 1864	I last saw h alive on Cuq 7, 19.3.2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 13 6 4m.
68 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Between Thumes	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Ciruto mua Quole
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	Carditis J ovitado
Olasia Diela had	Other Coatributery Causes of importance:
12. BIRTHPLACE (city or town)	the transmission and the
	Tour as Porter of
	www.none
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E 0-1	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Wasa as ATTE Casander	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Janes Town mo	
18. BURIAL, GREMATION OR REMOVAL	Manner of injury
Place Janey Louis Man Date (110, 195)	Nature of injury
19. UNDERTAKER D. TUSS V TON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Fanertour ma.	If so, specify
20. FILED AUG. 9, 1932 Mary 13. Will	(Signed) M. D.
Defectly Registrar.	(Address) And Address And Address
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		PENERAL V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		TOENEQE 3	

V. S. No. 1

	S'	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1	. PLACE OF DEAT				82-0
	County Carro	11			Registration Dist. No.
	Village or City Tax	neytown		(lf	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/					ds. How long in U.S. if of foreign birth?mosds.
/2	2. FULL NAMENTS	Eliza	beth Ang	;oll	
	(a) Residence: No		(Usual place	of abada)	St., Ward. If nonresident give city or town and State
CATCAC	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLO	R OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5e.	If married, widowed, or divo HUSBAND of (or) WIFE of Naths		11		1 HEREBY CERTIFY, Thet I attended deceesed from July 23 mm, 1932, to and 21 27, 1932
6.	DATE OF BIRTH (month, day	, end yeer)	ct.31,18	43	i last sew h. 27 alive on Our y. 2 19.32; death is seld
7.	AGE Years	Months	Days	if LESS than 1 dey,hrs.	to heve occurred on the dete stated above, atm.
	88	9	21	ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
OCCUPATION	8. Trede, profession, or pe kind of work done, SAWYER, BDDKKEE 9. Industry or business in work wes done, as S SAW MILL, BANK, e 18. Date decessed last wor this occupation (mor year)	PER, etc which ILK MILL, itc ked at	Housewo		Berebral Hemorshage July 23,
12	BIRTHPLACE (city or town) (State or country)	Varroll	L Co		Dther Coatributory Cases of Importance:
1ER	13. NAMEAbraham	Sheets	3	Service 1	
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)	Md		Name of operation Date of West here en eutopsy?
ER	15. MAIDEN NAME Unk	nown			23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or to (Stete or country)	wn)	U nknown		Accident, suicide, or homicide?
	. INFORMANT Artie (Address)		ll eytown,	Mā.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	Burial, CREMATION, DR R		Whete Aug	24. 19 32	Menner of injury
19	(Address)	FUSS & Taneyt	SON ownmMd.		24. Was disease or injury in eny wey releted to occupation of deceased? 100
20	FILED ALLY 23"	1932	auru	Registrar.	(Signed) G / M. D. (Address) Panely Town Ma —
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	i	Example I
ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5, 1927	Cerebral hemorrhage
e:	Other contributory causes of importance:		Other contributory causes of importance:
1 year	Gastroenteritis	May 1,1923	Gallstones
	Gastroenteritis	May 1,1923	Gallstones

No. 1	,
vi	5
>	-

SIAIL OF MA	ryland Tube	erculosis Sanatorium (8669
County Carroll	Colored	Branch 28 Registration Dist. No. 74
Village or City Henryton, Mar	(1)	No. (&bove) St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary Anthony		JisJisJis
(a) Residence: No. 1033 McDonoug	ch St., Balt	to st, Md . Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH August, 19, 1952, 196 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year)	10, 1911	22. I HEREBY CERTIFY, That I attended deceased from Feb., 15, 1932, to Aug., 19, 1932, I last saw h. er alive on Aug., 19, 1932, ideath is sai
7. AGE Years Months Day	s If LESS than	to have occurred on the date stated above, at 2 . 55 P 11 .
20 11 9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Dome some solution of work was done, as SILK MILL, SAW MILL, BANK, etc Unknown with soccupation (month and year)		Dec. 1931 Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Richmond (State or country) Virginia		Other Countries of Importance.
13. NAME Peter Anth	nony	
(State of country) INOT GIT GAT C		Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Rosa Chris	stian	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rosa Chris 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia		Accident, suicide, or homicide?
7. INFORMANT John E. O'Neill, (Address) Henryton, Maryla		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Place Place	Tug 19,1932	Manner of injury
19. UNDERTAKER Aleund The	Isley of	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED 8/19/32, 19 Deputy Loc	Melel. Registrar.	(Signed) Address) At Estation un

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor- should state of OCCUPA.	1. PLAC
f ii	
tem of should of OCC	County Village
of of	
ery INS	Length
RD. Every YSICIANS statement	2. FULL
RECORD. Every Y. PHYSICIANS Exact statement	(a) Re
PH act	PERS
RE	3. SEX
	T-emal
FOR BINDING Stated EXACTLY. properly classified. E certificate.	5a. If married, HUSBAND (or) WIFE
NI NI X X	
BJ E E	6. DATE OF B
ID FOR BI	7. AGE
S IS IS of the second s	8. Trade, kin SA
ED HIS be be of c	NOCCUPATION SA
SERVE INK-TH should t it may on back	No SA
EH-IK-	SA 10 Date of
RESERVE NG INK—TH AGE should that it may ons on back	Date of this year
S OII	12. BIRTHPLA (State
MARGI [UNFA] supplied, n terms,	
TA UN supplement	13. NAME
MA WITTH U fully sup n plain te nt. See i	- (0.
n p nt.	15. MAIDE
-WRITE PLAINLY, WITH mation should be carefully CAUSE OF DEATH in plai	16. BIRTH
AIN d be DEA	17. INFORMAN
PL oul	(Addre
ar sh	18. BURIAL, CF
SIT On ISE	Place 4
N. B.—WRITE PLAINLY mation should be ca CAUSE OF DEATH TION is very impor	19. UNDERTAK
B. R.	(Addre
V. S. No.	20. FILED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-0
County Garroll	Registration Dist. No. 12
Village or Citymion Mills	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Susan Bankert	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Oundows	21. DATE OF DEATH August 3 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John O. Bankert.	22. I HEREBY CERTIFY. That I attended deceased from August 1 198 2 to August 19 193 2
CONTROL DIDTH (THE ALL)	Mast sawh en alive on August 29 198 2 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & P. m.
90 / 5 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as fottows: Date of onset
O Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	grand Vramme
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and	
Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12, BIRTHPLACE (city or town)	Other Coatributory Casses of Importance:
(State er country) M. d.	4 4 208
13. NAME William Burgoon	frank farmen
13. NAME Walliam Jurgoon 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Eckard	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah & cleard 16. BIRTHPLACE (city or town) (State or country) Md.	Accident, suicide, or homicide?
17. INFORMANT Calum Bankers (Address) union mills, md.	(Specify city not town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Silver Cum Comelery Date Sept. 2, 1932	Manner of injury
19. UNDERTAKEN HBankard on (Address) Westminster md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dept: 1 of , 1932 Calving Gandet, Registrar.	(Signed) I have December M.D. Address) A Westwatter Ligh
	1 11

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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of importance were as follows:	ite of onset
Attack of epilepsy	
	week ago
Run over by street car	week ago
1927 Peritonitis 3 d	days ago
Other contributory causes of importance:	
1923 Gastroenteritis	1 year
	Other contributory causes of importance:

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Z Z	FITH	fully s	. mloin
	VLY,	mation should be carefully su	CATTOR OF DEATH in aloin
D	PLAIN	q plno	Tu n
	ITE	on sh	COD
V. S. No. 1	N. BWRITE PLAINLY, WITH I	mati	CAT
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	1		

1. PLACE OF DEATH	90 (8671
County arroll	Registration Dist. No. 76
14	NDSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurredyrs,mo	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Toward G. Del (a) Residence: No. Wishmunshu B. S (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR-DIVORCED (write the word)	21. DATE OF DEATH S - 2/ (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Jectoria Helands	22. I HEREBY CERTIFY. That I attended deceased from 8 - 10 ,1932, to 5 - 21 - ,1932
AGE Years Months Days II LESS than I day,hrs	I last saw have alive on & - & 0 , 19 22; death is sald to have occurred on the date stated above, et & A.m.
8 Trade profession or particular	were-as Tollows: Date of onset West-as Tollows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this 11. Total time (yeers) spent in this	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance: aculy delatations of hitest. 6 hr
13. NAME // Slawfill 14. BIRTHPLACE (city or town) // 1/	
(State of country)	Name of operation Date of What tast confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME (and Cult Mater) 16. BIRTHPLACE (alty or town) A Constant Country) 17. INFORMANT Howard E, Blancycl	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Watnum Stru. 18. BURIAL, CREMATION, OR REMOVAL Place and Lounty Honer Date ang 24, 1932	Manner of injury
9. UNDERTAKER AND	24. Was disease or injury in any way related to occupation of deceased? It say speakly
20, FILED J. 1932 School Registral.	(Signad) Nashmuslu M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	1000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-ate

	(a) Residence: Np.	(Usual place of		St., Ward. If nonres MEDICAL CERTIFICA
3. SEX	4. COLOR OR RACE Thile arried, widowed, or divorcad	5. SINGLE, MARRI OR DIVORCED	(write tha word)	21. DATE OF DEATH (Month)
(0	SBAND of WIFE of OF BIRTH (month, day, and year) / 9 Years Months	27-12- Days	If LESS than 1 day, hrs. ornain.	i last saw here alive on Carage to have occurred on the date stated above, and The PRINCIPAL CAUSE OF DEATH and related were as follows:
OCCUPATION	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc Oata deceesed last worked at this occupation (month and year) THPLACE (city or town)		e (yaars) in this ation	Other Contributory Causes of importance:
= -	NAME Thos. M. B BIRTHPLACE (city or town) Has (State or country) The	efield.)	Name af operation
H 16	BIRTHPLACE (city or town) (State or country) DRMANT DRMANT	eprace office any law Benter,	d /	23. If death wes due to external ceuses (VIOLE) Accident, suicide, or homicida? Where did injury occur? (Specify Specify whether injury occurred in INDUSTRY
18. BUI	RIAL, CREMATION, OR REMOVAL Place Settle Consult	J. Dete are	727,1932	Manner of injury
19. UN	Place DERTAKER (a. M. Male (Address) Americal	Dete	1	24. Wes disease or injury in any way related tf so, specify

blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH n Dist, No. ME instead of street and number) ent give city or town and State TE OF DEATH (Day) FY. That I attended deceased from auses of Importance Date of onset _____ Data of_____ ----- Was there an autopsy?-----) fill in atso the following: __ Date of Injury_____, 19____ or town, county and State) HOME, or in PUBLIC PLACE. cupation of deceased?____

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Example I IVED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Cerebral hemograpase	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

	1. PLACE O	F DEATH				96)			9
	County	Carrol	1				Registration	Dist. No.	
		Sil			(1i	No	ion, give its NAM foreign birth?	St., E instead of street and	Ward number)
					rd Bowns				
		nce: No.		(Usual place		St., Ward.	If nonresident	give city or town an	d State
-	PERSON	IAL AND S	TATISTIC	AL PART	ICULARS	MEDICAL CE			
3.	SEX Male	4. COLOR OR Whit		SINGLE, MAR OR DIVORCE Marr	RRIED, WIDOWED, ED (write the word) 19d	21. DATE OF DEATH	18t (Month)	25 (Day)	., 198 <u>32</u>
5a	. If married, widov HUSBAND of (or) WIFE of	red, or divorced	es Bo	wnan		22. IHEREBY December 15.,	CERTIF	Y, That I attended	d doceased from
	DATE OF BIRTH		year) Au	gust 1	4 1863	I last saw h_i_n_ alive on alive or	lugust 2	24, 19.32	
	69		0	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATI			Date of onset
OCCUPATION	Industry or work wa SAW MIII	ssion, or particu work done, as Si, BOOKKEEPER, business in whic s done, es SILK LL, BANK, etc ed last worked a petion (month ar	h MILL,	I1. Total t	time (years)	Chronic Mitral Pulmona	regurgi	tation	2 mo indefi lweek
12	. BIRTHPLACE (ci	ty or town)i		Run	d.	Other Contributory Causes of impor	tance:	oracic	indeff
FATH	13. NAME 14. BIRTHPLACE (State or	(city or town) country)	Bownar	CO., Penna		Name of operationNone		Oate of	
MOTHER	15. MAIOEN NA 16. BIRTHPLACE (State or INFORMANT	(city or town)	16	ll Co aryla Bowman	nà	23. If death was due to external caus Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in	(Specify city or	Il In also the followin	ng:
18.	BURIAL, CREMAT	ION, OR REMOV	/AL		. 27.,19.32	Manner of Injury			
-	. UNOERTAKER (Address)		11 0		n Pa	24. Was disease or injury In any wa	y related to occup	alion of deceesed?.	No
20,	FILED Lug.	26th 193	2. Coler	ngg	Registrar.	(Signed) (Address)	Mini	HUNC	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PART Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

1. PLACE OF DEATH	(2050)
County & avall	Registration Dist. No. 70
4	ND. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
	Jos. How long in o. o. ii of foreign bitting
2. FULL NAMES AWILLIE Way	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (writes the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Unknown	I last saw have alive on 2.94, 19.3.2; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the dete stated above, at 6 4 1 Am. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	practive Stand and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tools line 15
D. Date deceased last worked et this occupation (month and year) spant in this occupation contains of the spant in this occupation occupation.	J. J
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
- Aller at	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, swiside, or hemiside? ascra Lun J. Date of Injury Aug 2 96, 19 3. 2. Where did injury occur? Tank Town M. A.
17. INFORMANT(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place aux Carry Camelone ang 3/, 193.	Menner of Injury Charly & mader Coment mixed
19. UNDERTAKER Byrom & Manye His	24. Was disease or injury in any way related to occupation of deceased? I clarify it to so, specify www. 9 T Current much
20. FILED All 3 1, 1932 Mary S. H. Ballinge	(Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
3			

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WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______yrs. _____mos. ____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DINORCED (write the word) 5a. If married, widowed, or divoceed HUSBANO of HEREBY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months If LESS than Days to have occurred on the date steted above, et 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years)
spant in this this occupation (month and occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis?_____ Was there an au'opsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury in eny wey related to occupation of deceased? 19. UN OERTAKER If so, specify (Signed)

(Year)

Date of onset

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Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastrocnteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2)
County Cavall	Registration Dist. No.
Village or City Union Bridge	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs amanda 6. Flu	ekinger
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Monthly) (Day) (Year)
5a. If married, widowed, or divorced thosphale (or) WIFE of Samuel J. Flickingly	22. I HEREBY CERTIFY, Thet I attended deceased from 22. 19.32 to 22. 19.32
6. DATE OF BIRTH (month, day, and year) Sure 28, 1853	I last saw h er alive on Cing 2 6 ,19 32; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
79 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Generalize arterio selevare
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this sec	Chronic Mysearditie
To Date deceased last worked at this occupation (month and year) occupation	V
12. BIRTHPLACE (city or town) Odams County, Ba.	Other Contributory Causes of Importance:
(State or country)	finebaleHimanotoge aug 27.3
E O Q.	Name of anything
4. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy? No.
15. MAIDEN NAME Mary / auffman	23. If death was due to external causes (VIOL ENCE) filt in also the following:
15. MAIDEN NAME Mary auffman 16. BIRTHPLACE (city or town) (State-or country)	Accident, suicide, or homicide?
17. INFORMANT Samuel J. Hickurger (Addross) Janey town Med.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dans Dete aug 30, 1932	Manner of injury
19. UNDERTAKER DUSS VOIL OWN, Md.	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED LY 29, 1932 Les Q. Poplo. Registrar.	(Signed) Las Shart M. D. (Address) Newwardow M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

Jo

OCCUPA

1. PLACE OF DEATH

County

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

item B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I	100	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
THEAU V.S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	(85)
County Carroll	Registration Dist. No.
Village or City Sylusville (1	No. Africa fueld Allstr. It was feeled between the feel of street and number)
Length of residence in city or town where death occurredyrs,	s
2. FULL NAME Clume Truly	Balterian mil
(a) Residence: No. 5/4 (Lenwood) (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Sept. 18 (Year)
5a. If married, widowed, or divorced	
HUSBAND of andrew Fritz	July 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Supt. 34-1967	Hast saw her alive on aug 17 ,19.32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z
64 10 5-4 Iday,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER ALLEGATION SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific programs) specific this occupation (month and specific programs).	Ten, arterio actersiis linking
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	auteriles (Rug, 9-3
O 10. Date deceased last worked at this occupation (month and year) occupation (month and year)	
Beltman. m.l.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	60,0,04
	queepsy , 27 gen
13. NAME (of the Haler Cause	Name of operation MALL Date of
(State or country)	What test confirmed diagnosis Clinical Was there an autopsy? Mis
15. MAIDEN NAME Mary Grundell 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clase And Control of Chadress) Rylles orlle. Mrd.	Specify whether injury occurred in iNDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVER CISCORIO ang 20, 19 32	Manner of Injury
19. UNDERTAKER B.C. Hall	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) Baltimore Will.	If so, specify
20. FILED ILLY 18 , 19 3 7 Chang Well Registrar.	(Signed) Multille Community (Address) My lasville & Mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	111	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3 94			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF	DEATH			(132)	- 427
County	Carroll C	ounty		Registration Dist. No.	74
Village or Cit	y Sykesvi	lle, Md.	(If	No. Springfield State Hospst., death occurred in a horpital or institution, give its NAME instead of street and r 14ds. How long in U.S. if of foreign birth? 53 yrs. mo	number)
2 FULL NAM	E Friede	C. T. G	Lou I d		
				essia, Md Ward. If nonresident give city or town and	State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) DOW	21. DATE OF DEATH August (Month) (Day)	, 1932 (Year)
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced Harvey C	. Gould		22. I HEREBY CERTIFY, That I attended July 26, 1932, to August 9,	deceased from
6. DATE OF BIRTH (n 7. AGE Years	s Months	July 22,	1857 If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:10Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	.; death is seld
8. Trade, profess kind of wo	sion, or particular ork done, as SPINNER, BODKKEEPER, etc	Housew	ormin.	were as follows: General Arterio Sclerosis with Interstitial Nephritis	Date of onset Unknown
10. Date deceased	ation (month and 7 073	11. Total ti	ime (years) nt in this 54 yr		
12. BIRTHPLACE (city (State or count				Other Contributory Causes of importance: Failure of Cardiac Compensation Ove	2 week
13. NAME OT	known	V		54751	T. S. MOON
13. NAME 14. BIRTHPLACE (State or c	country) Germ			Name of operation Date of	
15. MAIDEN NAM	(city or town)	iden nam	e unknow	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT HC	spital Rec	ords	Wd	Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	3	y. //, 19.3.5	Manner of injury	
19. UNDERTAKER (Address) 7	fashing 9,1932 C	Lou & .	2. There	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) Address) S. S. Hoch: S.4 has well	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	3 7 6
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10		

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Carroll	Registration Dist. No. 77
Village or City Hamles tead	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / enseth West	Trothe
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF BEATH ang 1993 2
Mare Minde Single	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE-ot	22. I HEREBY CERTIFY, Thet f attended deceased from
(01)-Wire-UL	ares 19, 19.32, 10 aug 19, 19.32
6. DATE OF BIRTH (month, day, and year)	I lest saw harman alive on less 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated ebov, et
29 f day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particular	marasmus
kind of work done, as SPINNER, At House	Drematurit
Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
4	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME MAN ARRET M. Miller	Whet test confirmed diagnosis?
E Mayou I make	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Olive E al the	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Occasional Real In Company	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Gremmant M. Chate Clary 41, 1932	Nature of Injury
10 HADERTAKER Jacob Minalia	24. Was disease or injury in any way releted to occupetion of deceased?
19. UNDERTAKER THE TUMBER OF THE CANADA CHESTER MA	If so, specify
8/30 33 JAIN 1 10 A	(Signed) When the M.D.
20. FILED 1 19.2 L AUGUS - Legistrar.	(Address) Munchelett med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEY RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE	OF I	IVAAN	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	UF I	VIARIL	AIYU	CLIVIII	CAIL	OI	DEAIII

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	8682
1	. PLACE OF DEAT	Н			123-0	1.1
		roll Co			Registration Dist. No	Ligar
	Village or City			(If	No. Springfield State Hospast, death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Length of residence in cit	y or town where de	eath occurred	yrsQmos.	Ods. How long in U.S. if of foreign birth?yrsmo	sds.
2	. FULL NAME.					
	(a) Residence: No.	2056 H	arford	Road, Ba	1 tsimore, Wand. If nonresident give city or town and	State
amudi	PERSONAL AN	DSTATISTIC	(Usual place		MEDICAL CERTIFICATE OF DEATH	Ditte
3.	SEX 4. COLO	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 21 (Month) (Day)	, 1932 (Yeer)
5a.	if married, widowed, or divol HUSBAND of (or) WIFE of				22. 1 HEREBY CERTIFY, That I attended a August 21, 1931 to August 21,	leceased from
6	DATE OF BIRTH (month, day	, and year) NC	ov. 15.	1882	Hast saw h im alive on August 21, 19.32	; death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11:55m. A.M.	
	49	9	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z	8. Trade, profession, or pe kind of work done, SAWYER, BDDKKEE	rticular as SPINNER.	Mono		Acute Intestinal Obstruction	8-20-32
OCCUPATION	d Industry or husinges in	which	None			
UP/	work wes done, as S SAW MILL, BANK, 6	ILK MILL,		0-000-0		
000	10. Dato deceased lest wor this occupation (more year)	ked at nth end	spa	ime (years) nt in this upetion		
12	BIRTHPLACE (city or town)	Harfo	ord Cour	nty	Dther Contributory Canses of Importance: Right Inguinal Hernia	37 yrs.
	(State or country)		Md.		Mental Deficiency	life
ER	13. NAME Euge	ene F. C	Buillot'	t		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)Fra	ance		Name of operation Dete of What test confirmed diagnosis? Symp toms Was there en a	utopsy?NO
ER	15. MAIDEN NAME	Ella M.	Jones		23. If death was due to external causes (VIDLENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn)Hari	ford Cou	inty,	Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
17	(Address)	pital Re	ecords		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	
18	B. BURIAL, CREMATION, OR F	REMOVAL 200	P. Date Ar	19.23,19.37	Manner of injury	
19	O. UNDERTAKER (Address)	el a	Foot	ter ud,	24. Was disease or injury in any way related to occupetion of deceased?	
20	D. FILED Dugzi,	1932 €	Har	Registrar.	(Signed) John of Welherd (Address) S. S. Herp, Sykurville, Ill	M. D.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		(

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	08683
county Carroll	Registration Dist. No. 72.
Village or Cityhean Mayherry	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?yrsds.
Y 2 . D 11/14	a. Omi Ala
(a) Residence: No. W. Strunster P. #	t G, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSDAND of Olists. L. Hilterbridle	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIRTH (month day and year) NO 9 9 . 18 8 8	I last saw h L Jaiwe on Cura 2 1932: death is said
6. DATE OF BIRTH (month, day, and year) 7000 9, 800 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 1/4-35 Am.
43 8 25 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 9 Trade exclosion or particular	were as follows: Oate element
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	P. la massil ladelit
	II Mary loses
year) occupation occupation	Other Castribatory Casses of Importance:
12. BIRTHPLACE (city or town) Q Q V O Q O	
I 13. NAME I Saal Copenharer	
14. BIRTHPLACE (city or town)	Name of operation 4000 Dete of 0
1 (State of Country)	What test confirmed diagnosis? Laboratery. Was there an autopsy?
15. MAIDEN NAME Olivately Capert	23. If death was due to external causes (VIOL ENCE) filt in also the following:
15. MAIDEN NAME OLINATED TO A POINT OF THE PROPERTY OF TOWN OF THE PROPERTY OF TOWN OF THE PROPERTY OF TOWN OF THE PROPERTY OF	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Upo 0,1932	Neture of injury
19. UNOERTAKER COSUSS DON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sanlytown, me,	If so, specify VP50 V
20. FILED Mug. 4th: 1932: Calern Aparter. Registrar.	(Signed) MD. (Address) MON DOWN DOWN MD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	700 0 170	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	TOWN TO SELECT	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			CEATEDAG	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

of OCCUPA-

08634		U	8	6	5	4	
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Campa 1 1	- F1
County Carroll Registration Dist.	. No.
Village or City Sykesville Springfield State Hospita (If death occurred in a horpital or institution, give its NAME insti	R.J. St., Ward
(If death occurred in a horpital or institution, give its NAME institution,	tead of street and number)
2. FULL NAME Edward Hoffman	
(a) Residence: No. 1927 Willhelm Street, Balstimore wards. (Usual place of abode) If nonresident give	
	city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH	F DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) August (Month)	25 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of TIMES AND 222. I HEREBY CERTIFY. 1	
(or) WIFE of Unknown May 10, 1929, 10 Aug.	. 25, 1932
6. DATE OF BIRTH (month, day, and year) 1/29/1872 Hast saw h.im. aliva on Aug. 25,	, 19.32; death Is sald
7. AGE Years Months Days If LESS than to have occurred on the date stated abova, at 10:15	
60 6 27 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Date of enest
8. Trade, profession, or particular General Arteriosclerosis kind of work done, as SPINNER, Huckster Cardio-Renal Changes	with prior
9. Industry or business in which	to
work was done, as SILK MILL, SAW MILL, BANK, etc.	5/10/-
11. Total time (years) this occupation (month and occupation LTDK	-29
Other Contributory Canses of importance:	105/50
12. BIRTHPLACE (city or town) Unknown Apoplexy: Right Side (State or country) Maryland Hemiplegia	8/25/32
置 13. NAME William W. Hoffman	
13. NAME William W. Hoffman 14. BIRTHPLACE (city or town) Unknown Nama of operation Physical Findi What tast confirmed diagnosis?	Date of
15. MAIDEN NAME Annie Whittle 23. If death was due to external causes (VIOLENCE) fill in a	
15. MAIDEN NAME Annie Whittle 23. If death was due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide? (State or country) Maryland Where did Injury occur?	
(Specify city or town 17. INFORMAN Springfield St. Hospital (Records) whether injury occurred in INDUSTRY, In HOME, of	n, county and State) or in PUBLIC PLACE.
(Address) Sykesville, Maryland.	
Bartaberrace Man Date Long 27, 1932 Nature of Injury	
19. UNDERTAKER Larry H. Cuits le 24. Was diseasa or injury in any way related to occupation	of deceased?NQ
(Address) 4/81 Colombia Com If so, specify 1 so, specify	rris, M.D.
20. FILED Ling 25, 1937 CHary Ver (Signed) from M. Williams, (Address) (A. J. Hash.) Dykesn.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	7/		
Other contributory causes of importance:	17 20	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-		124	
BINDING.	PERMANENT	d EXACTLY	erly classified.	cate.
FOF	IS A	state	prop	certifi
MARGIN RESERVED FOR BINDING	TRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT I	ition should be carefully supplied. AGE should be stated EXACTLY.	NUSE OF DEATH in plain terms, so that it may be properly classified. E	ON is very important. See instructions on back of certificate.
)	VRITE PLAINLY,	tion should be care	AUSE OF DEATH !	ON is very importa

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
/ County Carrall	Registration Dist. No. 24
Village or City Sylvesville	No pering feels Wale Hangete Ward
1 (1	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 24 ds. How long in U.S. if of foreign birth?yrsmosds
W . 11	s. Tow long in 0.5. It of foliagn office:ytsmosos
2. FULL NAME / ale Howen	N. A. T. T. J.
(a) Residence: No. (Usual place of abode)	St., Ward. Callelle Seem M. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Secuale rabili - OR DIVORCED (write the word)	(Month) (Day) (Year).
a. If married, widowed, or divorced HUSBAND of	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(or) WIFE of Mukerany Jawes	22. I HEREBY CERTIFY, Thet I ettended deceased from
DATE OF BIRTH (month, day, and yeer) OCL 10 1869	hast saw her alive on aug 26 , 19.22; deeth is sei
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 4. 200m.
62 10 16 1day,hrs.	
9 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER BOOKKEEPER etc.	1 1
Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Cerebral arterisseless 6-15.
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
Mekuland	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) / Carlot (State or country)	Verefred Newsteller 824
13. NAME Eduin Laughur	- war an same way
13. NAME Ledwin Lausburg 14. BIRTHPLACE (city or town). Mary Land.	Name of operation
(Stete or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Rebecca Luguer	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Roberta Zuener 16. BIRTHPLACE (city or town) Mary Land	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT Assistal Records -	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, QR REMOVAL	Menner of injury
Place Xee ship Me Date aug 27, 1932	Neture of injury
19. UNDERTAKER W. H. The Police	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) Columb Co on	If so, specify
20. FILED acq 27, 182 Mr. C. N. Wells.	(Signed) Mally M, Ols M. (Address) L. Resselle MA
Registrar. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEACE CAUSING DEATH, " gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. definite salary, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, Grocery,

Stretement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same discles. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros, inal meningitis" : Lindharia avoid use of "Croup"); Typhoid ferer never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopmeumonia "Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonidis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease approved (danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably smoids. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; or intercurrent) affection need Chronic valeular heart disease; etc. The contributory not be death

Il this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	4
1. PLACE OF DEATH	82-0	
county Carrull	Registration Dist. No.	
Village or City Danly Lown		War
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. il of loreign birth?yrsmos	d
2. FULL NAME Lydia a Clember		
	St. Ward.	
(a) Residence: No. (Usual place of abody)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE OR DIVORCED. (write the word)	21. DATE OF DEATH (Mark) (Day) (Yea	2,
a. If marriad, widowed, or divorged HUSBAND of	22. I HEREBY CERTIFY, That I attended gecaasad	1 500
(or) WIFE of Edward Pengle	Sel. 9 Th 19.32 to and 24B 19.	3
DATE OF BIRTH (month, day, and yeer) ANT. 8-1 852	I last saw h - 4 alive on Cun N 22/h/1, 1932; daath i	is sa
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 2 P.m.	
79 9 17 I day,hrs.	THE RIVER AS CAUSE OF BEATH and talated causes of importanta	
8 Trade profession or particular	Data of Comments of the Commen	A-
SAWYER, BOOKKEEPER, etc. YOUQUING	Cell fial Hembring and	3
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	///	
Date deceased lest worked at 11. Total time (years)		
this occupation (month and spent in this occupation		
2. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:	1 1
(State or country)	Chlew Schools	7
13. NAME TOWN Vegelo	777	
14. BIRTHPLACE (duy or town)	Name of operation Date of Date	
(Stata of Louistly)	What test confirmed diegnosis? Was there an autopsy?_	
16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State of country)	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT Thurs Cosa Temper J (Address) Daniel Corn	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 8. BURIAL, OKEMATION, OR REMOVAL	Manage of Indian	
Platentheran Janey lown Date Club 26, 19 30	Manner of injury	
618 425	24. Was disease or injury in any wey related to occupetion of deceased?	
9. UNDERTAKER (10) July Chron Md	24. was disaase or injury in any wey related to occupetion of deceased?	
Out of Many	(Signed) L. M. Benner	_M.
0. FILED Registrar.	(Address) / Q Q / To A	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CENED	- 4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 08638
1. PLACE OF DEATH	(27)
County Carroll	Registration Dist. No.
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Selena Agnes Ko	ontz
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
Female White OR DIVORCED (write the Widowed	August 30 ,19832 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Jacob Koontz	22. I HEREBY CERTIFY, Thet I attended deceased from August 23, 19 32 , to August 30 19 32
6. DATE OF BIRTH (month, day, and year) November 29 1	.851 last saw h.52 alive on August 29 1952 death is seid
7. AGE Years Months Days If LESS	
80 9 1 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Housewife	Heren areno listo
SAWYER, BOOKKEEPER, etc HOUSOWITO 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Jala min
SAW MILL, BANK, etc	sperine
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) Silver Run	Other Contributory Causes of Importance:
(State or country) Maryland	leute Cholecysteter 18th
	1 132
13. NAME Henry Myers 14. BIRTHPLACE (city or town) Carroll Co.	Name of operation Dave Date of
(State of County)	What test confirmed diagnosis? Purical Was there an au'opsy? 246
15. MAIOEN NAME Mary M. Stonesifer 16. BIRTHPLACE (city or town) Union Mills	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Union Mills	Accident, suicide, or homicide?Oate of injury,19
(Stete or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs.F. Argoldia Wetzel	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Union Mills Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Silver Run Md . gate Sept 1	Manner of injury
	Man -
19. UNOERTAKER 0. O. Fuss & Son (Addiess) Taneytown Md.	24. Was disease or Injury In any way related to occupation of deceased?
0.116 1000	(Signed) A/Y Woodword M.D.
20, FILEO Sept. Ist., 1982 Calcing Conse	To Way

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		21	
			CALL.

1	nfor- state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
		1. PLACE OF DEATH	93-0
		County Convol	Registration Dist. No. / 5
	should of OCC	Village or City Merches Ter	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		. 1	ds. How long in U.S. if of foreign birth?yrsmosds.
	D. Every SKCIANS tatement	2. FULL NAME / Kebbeca Loats	<u> </u>
	tat	(a) Residence: No.	St., Ward.
	CORD PHYS act sta	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RESC. PF Exact	3. SEX A COLOR OR BACE 5. SINCLE, MARRIED, WIDOWED,	21. DATE OF DEATH
rh	, ×	Female Mite (Proced (write the word)	(Month) (Day) (Year)
BINDIN	X A C T I classified.	58. If merried, widowad, or divorced HUSBAND of Cor) WIFE of Service Lands	22. I HEREBY CERTIFY, That I attended daceased from
Z	June .	CANTE OF SURVEY (STATE) AND 16 18 42	Hast caw h a alive on Que IT A 10 32 death is cale
, ,	PE I E rly cate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.38 pm.
OR	IS A PE stated E properly certificate	90 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
F	be st be pr of cer	8. Treda profession or particular	Chronic myseasolitis Date of onset
RESERVED	should lit may n back	kind of work done, es SPINNER, SAWYER, BDOKKEEPER, atc. SIndustry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date decassad last worked at this occupation (month end	
ESE	INE S sh t it on	10. Date decaasad last worked at this occupation (month end yaar) 11. Total time (yaars) spent in this occupation	
四日	NG I AGE that ions o		Othar Contributory Causes of importence:
Z	L. So, so uction	12. BIRTHPLACE (city or town) (State or country)	Merisoelever
MARGIN	WTH UNFADING efully supplied. AGI in plain terms, so tha ant. See instructions	13. NAME Charles Caples	
MA	sup sup in te See i	13. NAME CHAVEL COPEEL 14. BIRTHPLACE (city or town)	Name of oparation Date of
	TH Ily Ilain	(State of country)	Whet test confirmed diagnosis? Was there an aulopsy? ${\cal H}$
1	carefully in pla ortant.	15. MAIDEN NAME DUST & CMUSICAL 16. BIRTHPLACE (city or town)	23. If death was due to axternal causas (VIDLENCE) fill in also tha following:
		5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
	INLY be ca satth mpor	(State or country)	Whara did injury occur? (Specify city or town, county and State)
	3 PLAINLY, should be car OF DEATH stery import	17. INFORMANT AND William Sallier (Addrass) And Moules Con Alone	Spacify whather injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
	E 01 - 02	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
	WRITE lation s AUSE ION is	Place Municus les Mate D. / 60 1932	Neture of injury
No. 1	-WRITE mation s CAUSE TION is	19. UNDERTAKER AT THE GRAND AND THE STATE OF	24. Was disease or Injury in any way related to occupation of dacaesed?
V.S.N	N. B.	20. FILED aug 29, 193 20 97 10 . H. P. S. Denuer	(Signed) Warchester M. [

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

Ty station the accumation eval the next formal interest to the accumation.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(1)</u>
County Canoll	Registration Dist. No. 72.
Village or City Mylers Dista	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Maria a foo	Ringbill
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SET 4. COLOR OR RACE, OR DIVORCED, (upite the word)	21. DATE OF DEATH Quy, 25- (Mopty) (Day) (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Juillian Lookingfull	22. I HEREBY CERTIFY, That I attended deceased from 12. 1927, to Queg. 25 1932
6. DATE OF BERTH (month, day, and year) Auly 14. 1847	t tast saw h /22 alive on aug - 23 / 19.3 2; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	were as follows: Onle Denied Seleners:
9 Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	
O To Date deceased last worked at this occupation (month and year) 11. Total tima (yeers) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - maryland	Collect Controller of Importance.
13. NAME Jacob Sahn	
13. NAME Facol Sahn 14. BIRTHPLACE (city or town) (State or country)	Name of operation 2/2/2 Date of
15. MAIDEN NAME Mary Judolph	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Warsfand (State or country)	Accident, sulcide, or homicide?
17. INFORMANT / Mrs. John M. Hambert (Address) Juletminster model P.D.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Proposes Que 27461932.	Manner of injury
19. UNDERTAKER John W. Jettle (Address) Littlestown Promo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug. 25 H. 1932 Calm Banker	(Signed) 6 Q Stulk M. D. (Address) Marshall D. M. D.
Acxistrar.	" (Mulioso)

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The principal cause of death and related causes of importance were as follows: Arterioselerosis Chronie interstitial nephritis Cerebral hemorrhage Date of onset I Date of onset The principal cause of dea of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis		
	790Y C 4710	1 week an
Cerebral hemorrhage July 5,1927 Peritonitis		
	itonitis	3 days ag
	вивоз	
Other contributory causes of importance: Other contributory causes	of importance:	
Gallstones May 1,1923 Gastroenteritis		1 year

WRITE mation TION

OCCUPA-

plnoda

_	93-6	
	Registration Dist. No. 75	
	No. St. Ward	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
mos.	ds. How long in U.S. If of foreign birth?mosds.	
2	Lanchou	
	St., Ward.	
	Il nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH ()	
	(Month) (Qay) (Year)	
	(Month) (Oay) (Year)	
	22. I HEREBY CERTIFY That t attended deceased from	
	Clug , 1931, to aug 8 , 1932	
9	I last saw h_ & f alive on Qug 7 1, 193 2; death is said	
	to have occurred on the data stated above, at 15 A m.	
ırs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	were as follows: Oate of onset	
2	2. II.	
	su clase	1
	Other Contributory Causes of importanca:	
	reflection, 1700	
	myjocaracu	
,	Name of operation Data of	
	What test confirmed diagnosis? Was there an autopsy? \>>>	
	23. If death was due to axternal causes (VIOL ENCE) fill in also tha following:	
	Accident, suicide, or homicide? Date of Injury19	
	Where did injury occur?	
	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
1	open, where many eccurred in thousand, in monte, or in tobelly react.	
4	Mannar of Injury	
2	Makasa at Indiana	
	Nature of injury	
	24. Was disease or Injury in any way related to occupation of deceased?	
	If so, spacify	
رو	(Signed) M. D.	
	(Address) Manchall, Md	

Registrar.

If LESS that 1 day.____ or____min.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-	state	UPA-	
Jo m	pinon	220	
ite	S	of	
D. Brery	SICLYNS	tatement	
RECOR	Y. PHY	Exact s	
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIÁNS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PER	EX	rly cl	TION is very important. See instructions on back of certificate.
SA	tatec	rope	rtific
IIS 1	be s	he p	of ce
TI	pine	nay	ack
INK	E she	t it 1	on h
ING	AGI	e tha	tions
FAD	ied.	ns, s	struc
ND	ddns	ter!	e in
/ITH	ully :	plair	t. S.
Y, W	aref	H in	rtan
INL	pe o	EAT	impo
PLA	pinou	OF D	very
ITE	on s	SE	Si N
-WR	mati	CAU	TIO.
B.			
Z			

		STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 0865	2
	1. PLACE OF DEA	ATH	,		<u> </u>	
	County Cu	nor			Registration Dist. No. / 3	
	Village or City	elesi	a m	d	No. St	Ward
	Length of residence in	city or town where o	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and number death	er) ds.
	2. FULL NAME	Bal	y m	yers		
	(a) Residence: No.	ales	to o	hul	St., Ward.	
2.775	PERSONAL AT	ND STATIST	(Usual place		If nonresident give city or town and State	
3.		OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 21. DATE OF DEATH 21. DATE OF DEATH	2
5e	. If married, widowed, or div	oreed			(Month) (Oey)	Year)
	HUSBAND of (or) WIFE of	roicea			22. i HEREBY CERTIFY, That I ettended decee	
6.	DATE OF BIRTH (month, de	ev end year)				
	AGE Yeers	Months	Oeys	If LESS then	to have occurred on the dete steted ebove, etm.	U 12 2910
				1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	
z	8. Trede, profession, or p	perticular		1 01	Still on Date	of onset
110	kind of work done SAWYER, BOOKKE					
OCCUPATION	work was done, es SAW MILL, BANK,	SILK MILL.				
22	10, Dete deceesed lest wo	orked et	11. Totel ti	me (years)		
0	this occupation (mo	onth end —	11. Totel ti	ntin this		
12	BIRTHPLACE (city or town)	ales	11.		Other Contributory Causes of importence:	
14.	(Stete er country)	ma				
ER	13. NAME Cha	rles E.	mer	A		
FATHER	14. BIRTHPLACE (city or t	own ale	sid .		Name of operation Date of	
_	(Stete or country)	m	d		Whet test confirmed diagnosis? Wes there an autops:	
1ER	15. MAIDEN NAME	telen	4. En	5	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:	1
MOTHER	16. BIRTHPLACE (city or to	own) Um	on m	lls	Accident, suicide, or homicide? Dete of Injury	a
Σ	(State or country)	mo	e.		Where did injury occur?	
17.	INFORMANT CLA (Address) ale	as En	me	2	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR I	REMOVAL	0		Menner of injury	
	Plece Dans	ganden	Oete	25 ,1932	Neture of injury	
19:	UNOBRTAKER C	Las. M	eyers	(Sarent)	24. Was diseese or injury in any way releted to occupation of deceesed?	
20.	FILED ang 20,	1936 NO. S	V. R. S. S.	Registrar.	(Signed) WRS June (Address) Manchista	M. D.
Cale				acgistrar.	(vidiess)	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL	SPACE	FOR .	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-2
County Carrile	Registration Dist. No.
Village or City Rykesvelle (IF	No. Offing held state Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where death occurredyrsmos	ds. How long in U.S. if of loreign birth?yrsmosds.
2. FULL NAME Glorge Gaton George O	Brian)
(a) Residence: No. (Usual place of abode)	St., Ward. Allegany Counts. Mol
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle 5a. If marriad, widowed, or divorced	21. DATE OF DEATH Angust 2 nd (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from 1932, to august 2 2 1932
6. DATE OF BIRTH (month, day, and year) June 13th 1859	Hast saw h son aliva on angust 2 ml 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. /
73 / 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Can al Bratman +	Cerebral arteriorderosis lander
SAWYER, BUUNKEEPER, atc.	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc.	/ /932
SAW MILL, BANK, etc	
12. BIRTHPLACE (city of town) luckum	Other Contributory Causes of Importance:
(State or country) Mary and	Chrome Myocarditis Jan. 100
13. NAME Richard O' Brian	1932
14. BIRTHPLACE (city or town). turknown	Nama of operation None Date of
(Stala or country) maryland	What test confirmed diagnosis Vicel signs and Systems Was there an autopsy? No
15. MAIDEN NAME Nathi Roberts	23. If daath was due to axternal causas (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Atti Roberts 16. BIRTHPLACE (city or town) - Amburown	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mornsfrud State Hospital (Records) (Address) Sykesvill Mary land	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Loope.	Manner of Injury
Spiralingfelle Carri, Data Ching 5, 19.37	Nature of injury
19. UNDERTAKER Well & Loge Due.	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Lykewille Ind.	If so, specify
20. FILED Ling 3, 1932 CHarry Heer	(Signed) John M. Morris M.D.
Registrar.	(Address) (O. S. H.) Dy pesvelle. ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	108
County Carroll	Registration Dist. No.
Village or City Lykesville	No. Mungfield that Harfulal St., Wa death occurred in a hopping or institution, give its NAME instead of street and number)
(1) :	. 25 ds. How long in U.S. If of foreign birth?
2. FULL NAME X Illiam N. O Brien	0 4 . 0
(a) Residence: No. Home for the Pour (Usual place of abode)	St., Ward. Mashington County Ind
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH angust 9th 1932 (Year) (Year)
5a. If married, widowed, or divorced	(Tear)
HUSBAND OF CORNER OF WIFE OF	22. I HEREBY CERTIFY, That I attended deceased fr
1 , 1 , 10/1/	June 18 , 1932, 10 Ungust 9 4 , 1932
6. DATE OF BIRTH (month, day, and year) Curkman - Wikman - 1864 7. AGE Yeers Months Days If LESS than	last saw h Lon alive on Lagust 92 , 19.32; death is s
7. AGE Yeers Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 3.10 / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Lukuwu SAWYER, BOOKKEEPER, etc.	Gretral arterior levoris June
kind of work done, as SPINNER, howwon SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, howwon SAW MILL, BANK, etc. 10. Date deceased last worked at) 11. Total time (years)	and Chrome Interstitual Nephritis 193
work was done, as SILK MILL, Unfrom SAW MILL, BANK, etc.	- 170
10. Bate deceased last worked at this occupation (month and human spant in this occupation occupation occupation	
0,,	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Tobas Pheumoma augus
13. NAME Unknown	193
14 PIDTUDI ACE (city or Acuse)	Name of operation Ame
(State or country)	What test confirmed diagnosis? Was there an autopsy? h
15. MAIDEN NAME Unknown	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16 BIRTHPI ACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Springfills State Hospital (Records) (Address) Syspervelle Mary land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Syllesvelle, Maryland. 18. BURIAL, CREMATION, OR REMOVALLABLE.	Manner of injury
Surrefield Country Date ang 13, 19.32	
19. UNDERTAKER Men Ton Inc.	24. Was disease or injury In any way related to occupation of deceased? Rushnow
(Address) Sypunder Md.	If so, specify Marked
20. FILED Leag, 9, 1937 Chany I Veer	(Signed) In M. Movre M (Address) J. S. Hospital Sypervilly md
Kegistrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

18. BURIAL, CREMATION, OR REMOVAL

20. FILED Clug /6, 19.9

19. UNDERTAKER

(Address)

FOR BINDIN(

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	69
County County	mer = P.F.L	Registration Dist, No. 7.8	¥
Length of residence in city or town where deat 2. FULL NAME Daniel	-	death occurred in a horpital of iostitution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?yrsmo	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	M-100-000
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Long = /J = (Month) - (Day)	, 193 (Y
58. If married, widowed, or divorced HUSBAND of (or) WHES of Lake Jo annua	a Prichatto.	22. I HEREBY CERTIFY. That I attended	
6. DATE OF BIRTH (month, day, and year) / 8 4 7. AGE Years Months	7-2-/J Days If LESS than	to have occurred on the date stated above, at	.; deatl
85 6	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	expenter.	Heart disease, Valveilar	26
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town).	lle les:	Other Coutributory Causes of importance:	(1,
(State or country)	Kett.		- 10
14. BIRTHPLACE (city or town) (State or country)	rester .	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MATDEN NAME Charlotte A 16. BIRTHPLACE (city or town) (State or country)	trodisdale	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	g: , 1
17. INFORMANT Mrs. Harry De	cheller	(Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

If so, specify (Signed).

Nature of injury_____

24. Was diseasa or tnjury in any way related to occupation of deceased?....

od

(Yaar)

Date of onset

That I attended deceased from

Date of Was there an autopsy?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examp	ole I		Example II	
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		32 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	5'	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1700	July 5, 1927	Peritonitis	3 days ago
	BULLERY	54 m . 19 m		
Other contributory causes of in	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	nportance:	May 1,1923		1 y

infor-

(Year)

.. Was thera an autopsy?.

(Address)

Registrar.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Truction by openopog	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 00007
1. PLACE OF DEATH	(46)
County Danvell MATHIN CORPORA	Registration Dist, Np.
Village or City Westminister)	118 No. 286 E. Main St., Ward
11 0	f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. G. ds. How long in U.S. If of foraign hirth?yrsmosds.
2. FULL NAME Mary K. Keauer	
(a) Residence: No. 284 E Mans	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august 14 , 193 2
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended doceased from
71.0.1064	July 1 -, 1952 to Cenf / 6, 1932
6. DATE OF BIRTH (month, day, and year) / AGE Years Months Days If LESS than	Mast saw Men alive on Mast said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profassion, or particular	were as follows:
6. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Darcoma Arlestones 1930
Industry or business in which	Palancina Muns + Offers 1981
work was done, as StLK MILL, SAW MILL, BANK, atc	- Mremary in small with track
O local deceased last worked at this occupation (month and spent in this	SAV F Char
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) // estatiusles	Intestinal, abstruction 1982
(State or country)	
13. NAME Uptou K. Keaver	A Town
4 14. BIRTHPLACE (city or town) // Wellies Selection	Name of operation
(State or country)	What tast confirmed diagnosis? Torrawas there an autopsy mo
15. MAIDEN NAME Viola II. Reese	23. If daath was due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Mesturinaling	Accidant, suicide, or homicida?
(Stata or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT MIS. J. W. Mittaliell (Address)	Spacify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Moturesly Date Mag: 17, 1932	Natura of injury
19. UNDERTAKER J. Steamer & Soul (Address) Masteriuster, Med	24. Was disaase or injury in any way related to occupation of deceased? 200
20. FILEO / 6 , 1032 / Cuerdus Registrar.	(Signed) Chille R. Foul M. D. (Address) N. R. Land F. U.L.
If more blanks are needed, address State Registrate.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RECEIVED				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
BURRAU V S II				
			12	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Every item of infor-

V. S. No. 1 B

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (18)	598
1. PLACE OF DEATH	110	
County Carroll	Registration Dist. No. 24	1
Village or City Maddelverry	No.	Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and n gsds. How long in U.S. if of foreign birth?	
V. 0 4 2 6 1	7	3
al local learner of the second		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	orate .
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17	10132
Sight	(Mo(tu)) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of	deceesed from
6. DATE OF BIRTH (month, day, end year) Dec. 1,193	7 - 1-8 32	; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, it	
8 /6 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	0.1
8. Trade, prefession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Ha-colitis	Data of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- Oco-www	1532
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Middleburg	Other Contributory Causes of Importance:	
(State or country) many guid	Convelsions	aug 17
13. NAME Theodore & Kerd		132
13. NAME Theodore Red 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of	
15. MAIDEN NAME Carrie May Smille,	Whet test confirmed diagnosis? Was there an at	
16. BIRTHPLACE (city or town) Culturally	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State	:)
17, INFORMANT (Address) Middleburg mi	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	.CE.
18. BURIAL, CREMATION, OR REMOVAL Plece August Detail 9 19.13	Manner of injury	
19. UNDERTAKER Co. Frees & Son	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?	Ew
(Address) Janey Loin And	If so, specify	
20. FILED Ling 18, 1932 Moss That De Del	(Address) Delour 200	M. O.
16 11 11 6	N. C. J. C. P. J.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II		
The principal cause of of importance were as f	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OFD 77 1012	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephri	lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
	-0.754				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

/	S ⁻	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	08699
1	. PLACE OF DEAT				(131)	
	County Carro	11			Registration Dist. No	78
	Village or City	Taneyto	WZ		NoNoNoNo begins I or institution, give its NAME instead of st	St., Ward
	Length of residence In cit	y or town where de	ath occurred	(1) mosmos	f death occurred in a hospital or institution, give its NAME instead of st ds. How long in U.S. If of foreign birth?yrs	reet and number)
2	. FULL NAMENT	.Gertru	de E.R	owe		
G-10400	(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or t	own and State
	PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. S	1	or race	OR DIVORCE	RIED, WIDOWED, D (write the word) TOW	21. DATE OF DEATH (Month)	, 193 32
5a.	If mersiad, widowad, of diversity of the construction of the const	t M.Rowe	9		22. I HEREBY CERTIFY, That I	
6. D	DATE OF BIRTH (month, day	and year) Dec	. 26.186	4		19.3.2; death is said
7. A		Months	Days	If LESS than	to have occurred on the data stated above, at 5,24 Pa	n
	67	7	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa ware as follows:	Data of one at
OCCUPATION	8. Trade, profession, or paidind of work done, a SAWYER, BODKKEEF 9. Industry or businass in work was done, as SI SAW MILL, BANK, at 10. Data deceased last work this occupation (monyaar)	which ILK MILL, Ic ked at th and	11. Total I	ime (yaers) nt in this upation	Cerebral of unulay	2 041132
12.	BIRTHPLACE (city or town) _ (State er country)		a.		Other Contributary Causes of importance: Machymens Hillshusian 1.	54.
ER	13. NAME W1]]18	m Smith			Clare Muse and 110	1
FATHER	14. BIRTHPLACE (city or tow (State or country)	vn)	Md.		Nama of operation. What test confirmed diagnosis? Chinical Was t	hera an autopsy? WW
ER	15. MAIDEN NAME Jan	e L.Rowe			23. If death wes due to externel ceuses (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or tov (State or country)		Md.		Accidant, suicide, or homicida? Date of injury	
17.	INFORMANT Harry (Address)		ne ytowr	.Md.	(Specify city or town, county Specify whather injury occurred in INDUSTRY, in HDME, or in PU	and State) BLIC PLACE.
18.	Burial, cremation, or re	MOVAL	-1	319316	Manner of Injury	
	UNDERTAKER Q.O.F. (Address)	USS & SO	Taneyt	own Md.	24. Was disease or injury in any way related to occupation of decar if so, specify (Signad)	sed? M)
20,		1		Registrar.	(Address) passey town, (andle Wet.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
,		CEAEOSH	
		d or independence	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

d.			ETT IN LIE	
	 			_
The Control of the Co				

V. S. No. 1

	Ward.	,		
St.,			ent give city or town	
21. DATE	OF DEATH		TO.	•
-	Cir	(Month)	29 (Oay)	, 193 Z., (Year)
apri	HEREE 兄立3 ェーelive on	, 19.3.2, to	FY, That I attend	ded deceased fro 29 , 19 3 7
	AL CAUSE OF DI	tated ebove, at. \$ EATH end related ca		Date of onse
Pulm	mary	Tulenc	uloria	Jan.
Other Contrib	utory Canses of it	mportance:		
Name of a second				
			Dete o	
23. If death wes Accident, suich Where did inju	due to external de, or homicide?	(Specify city	fill in elso the follow Date of injury or town, county and HOME, or in PUBLIC	ving: , 19

Registrar.

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Example I		Example 11	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	------	-----	---------	------------	----	-----------

V. S. No. 1

TION is very important. See instructions on back of certificate.

1	. PLACE OF DE	ATH	Maryl	and Tuber	rculosis	sanato	rium	0.0	101
	County Carr	oll		Colored	d Branch	(23)	_ Registration Dis	t. No. 74	
	/ Village or City H		9		No.	(above)		C+	Ward
1		city or town where de	eth occurred O	(if	death occurred in a	hospital or instituti	on, give its NAME in foreign birth?	stead of street and	number)
	2. FULL NAME								
	(a) Residence: No.			t., Balto	o, st.Md.	Ward.	If nonresident giv	e city or town and	State
-		ND STATISTIC			1		RTIFICATE		Date
		Colored		RIED, WIDOWED, O (write the word) COO	21. DATE OF		ugust, 4	, 1932	., 199 (Yaer)
5e.	if married, widowed, or di HUSBAND of (or) WIFE of	vorced	know.	i,	22. i i	HEREBY	CERTIFY.	Thet I attended	deceased from
6.	DATE OF BIRTH (month,	day, end year) M8	ay, 22,	1902	t last saw h er	aliva on AU	g., 4, 1	932,19	; deeth is seld
7.	AGE Yeers 30	Months 2	Days	If LESS than 1 day,hrs. ormin.			ebove, at 3 • 40 I and ratated causes of		
NOI	8. Trade, profession, or kind of work don SAWYER, BOOKK	perticular a, as SPINNER,	Domesti		were es rollows.	Pulmona	Ty Tuber	culosis	Oate of onset
OCCUPATION	9. Industry or business work was dona, a SAW MILL, BANK		Jnknown						Feb.,
000	10. Data deceesad lest v this occupation (n yaar)	vorked et		me (years) t i n this petion					1932
12.	BIRTHPLACE (city or tow (State or country)	n) Aldie Virgin			Other Contributor	ry Causes of impor	tance:		•
ER	13. NAME	Jack (Green						
FATHER	14. BIRTHPLACE (city or (Stete or country					ned diegnosis?	<i>O</i>	Dete of	O eulóney?//o
HER.	15. MAIOEN NAME	Maggie	e Butler	2			es (VIOL ENCE) fill in		
MOTHER	16. BIRTHPLACE (city or		,		Accident, suicide,	or homicide?	Date	e of injury	, 19
-	INFORMANT JOH	111611	eill, M	D,	Whera did injury Specify whether in		(Specify city or tow INOUSTRY, in HOME	n, county and Stat , or in PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION OR		1 12	45,193	Manner of injury			*************	
	Place	javige	Date CU	7,19	Nature of injury_				
19.	UNOERTAKER (Address)	18 W/s	Tleul	sugget the	24. Wes disease or	injury in any wa	y related to occupetio	n of deceesed?	100
20.	FILEO 8/4/32	Deput	u 6, C	Registrar.	(Signed)	ess)	Then	Eunston	Tud.
				ddress State Registrar,	2411 N. Charles Stre	et, Baltimore, Requ	uesting U. S. No. 1.		

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE STATE OF THE S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

68702

1. PLACE OF	DEATH			(95-6)				
County	Carroll.			Registration Dist. No. 74				
Village or Ci	ityS.S.Hospi Haspital dence in city of town where	_	/10	No. St., Ward occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth? yrs. mos. ds.				
2. FULL NAI	D	Starlip						
(a) Residen	7 1777 (01)	mmit Aue (Usual place	• 2	St., Ward. Hagerstown, Md. If nonresident give city or town and State				
PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
Male.	4. COLOR OR RACE White.	5. SINGLE, MAR OR DIVORGE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH August (Month) (Day) (Year)	-			
5a. If marriad, widow HUSBAND of (or) WIFE of	ad, or divorcad			22. I HEREBY CERTIFY, That I attended decaased from July 28, 1932, to August 17, 132.				
6. DATE OF BIRTH	month, day, and year)	May 12.	1882.	I last saw h im alive on August 17, 19 32, death is said	d			
7. AGE Yaa 50		Days 5	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at / P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:				
8. Trada, profetkind of value SAWYER, short was SAW Mit 100 Date decease	ssion, or particular vork done, as SPINNER, BODKKEEPER, atc business in which s done, as SILK MILL, L, BANK, etc ed last worked at	Farm han		Acute Maniacal Del@rium 8-i3-	32			
	ty or town) Penn	sylvania	upation	Other Contributory Causes of Importance: Acute Cardiac Dilatation(?) Death Sudden.				
13. NAME V	Villiam Sta	rliper.						
13. NAME V 14. BIRTHPLACE (Stata or	(city or town) Pa	.2		Name of operation Clinical Data of What test confirmed diagnosis? Symptoms Was there an autopsy?).			
15. MAIDEN NA 16. BIRTHPLACE (State of	De			23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did Injury occur?				
17. INFDRMANT (Address)	S.S.Hospita Sykesyil			(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18 BURIAL, CREMAT	TIDN, OR REMOVAL	Z, Date Is	14 20193	Manner of injury				
19. UNDERTAKER (Address)	C. M. L Hagers	riter	me.	24. Was disease or Injury In any way related to occupation of deceased? NO.				
20. FILED dug	17,1932	Harry	Meer	(Signed) Asternal M. M. M. M. M. M. M. M. M. M. M. M. M.	D.			

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

						THER STATI				
Autopsy	was	rec	nuest	ed	and	refused	bv	family	of	deceased.
)	other.		5					about about

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08703
County and	Registration Dist. No. 8
Village or City MIT- Muron	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary &, Btar	
(a) Residence: No.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Hisman White OR DIVORCED (write the word)	21. DATE OF DEATH S (Month) (Oay) (Year)
5a. If married, widowed, or diversed HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
The state of the s	1932, to 5-7, 1932
6. DATE OF BIRTH (month day, end yeer)	I last saw have elive on but subtlessed; deeth is seid
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	peaver,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
O 10 Date deceased last worked et this occupation (month and yeer)	
Citte ton O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Museul of decoust
II 13. NAME Madens Bloches	The state of the s
14. BIRTHPLACE (city or town) Bendersville	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. if death wes due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) O'sfillstown	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND CAMPAGE OF THE STATE OF TH	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Little losin, Ple	Manner of injury
Piace M. Carmel Com Octe, Aug. 5., 1932	Nature of injury
19. UNOERTAKER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	724. Was disease or injury in any way related to occupation of deceased?
The wind of the	(Signed) M.D.
20. FILEO Clery 3, 1932 Live Sounty Registrar.	(Address) Luwa Buda
If more blanks are needed address State Projets	N. Chada Cara B. Linn B. and C. N.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		dawaaa	
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No. V. S.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8) US (US
County Carrall	Registration Dist. No. 74
Village or City Nytesvelle	No. Dorney fuld State Horas. Ward
Length of residence in city or town where death occurred 34 yrs.	(If death occurred in a horpital exhautitution, give its NAME instead of street and number) nos. 2-1 ds. How long in 6. S. if of foreign birth?
2. FULL NAME alfred K. M. Thou	Prou.
(a) Residence: No. 2008 M. Theen	St. Ward Beltemare - Mrd.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) / 878 - Mord Unyoua	Hast saw h Like aliva on and 1932; death is said
7. AGE Yeers Months Days If LESS than	
54) 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER to scurptible SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Status Exileptions ang 1st
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	193
1D. Data deceased last worked at this occupation (month and year) spent in this occupation .	
12. BIRTHPLACE (city or town) Waryland.	Other Contributory Causes of importanca:
(State or country) 2 13. NAME Ocllian Thampson.	- 6 Pilepsy with Mintel Deficing 34 ym
14. BIRTHPLACE (city or town) (State or country)	Nema of operation Name Data of What test confirmed diagnosis Eliment Williams there an autopsy? No
15. MAIDEN NAME CUSCUOUS.	23. If death was dua to external ceuses (VIOLENCE) fill in also tha following:
15. MAIDEN NAME CLUCIOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO	Accident, suicide, or homicide?
17. INFORMAND Stale Hopputal records.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION, OR REMOVAL VERSCHELLE CHICLES Data Chings 193	Manner of injury
19. UNDERTAKER Easton Sons (Address) Ellertt City 2116	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED Luga. 1932 Cofany The	(Signed) Stellessen V. Tracet M.D.
Registrar. If more blanks are needed, address State Resistra.	Address State Holy & Negles Wille

own.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 8 1033			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10.		ADDITIO	ONAL SP.	ACE F	OR, FURT	HER ST	ATEME	NTS BY PHY	SICIAN		0
This	case	adu	the	to	Hoap.	on	Lawr	torder	un 189	8 - 1th	has
had	uo v	relates	tik	is	una	assis	ele to	Maria	furi	ther he	elong
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY That I attended deceased from 22. (or) WIFE of death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Oato deceased last worked at 11. Total time (years) ŏ this occupetion (month and spent in this occupation __ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19___ 16, BIRTHPLACE (city or town) (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR, BEMOVAL Manner of injury LLL_Date Nature of injury. 24. Was disease or injury in any way releted to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20, FILED Aug. 3 (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	687 6 98	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	6081	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CHATTORN	3 days ago
			G-	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH	17
1. PLACE OF DEATH	(82,0)	,
County Cake all	Registration Dist. No. 33	of
Village or City Syderaille	Meingfull Stell San for	Ward
Length of residence In city or fown where death occurred 5 yrs 9 mos	death occurred in a horpital or distitution, give its NAME instead of street and numb. ds. How long in o.S. if of foreign birth?	er) ds.
2. FULL NAME Gley Trages	D D	
(a) Residence: No. 7 / 8 North Fullon (Usual place of abode)	Aste Ward. Keltuurse If nonresident give city or town and State	rd.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) LUCALIZED 5a. II married, widowed, or divorced	21. DATE OF DEATH August 24, 19	(Year)
HUSBAND of Cor) WIFE of Clubers and Tracey	22. I HEREBY CERTIFY, That I attended dece May 20 ,1924, to aug, 24	-
6. DATE OF BIRTH (month, day, and year) Feb. 28, 1852	Hest saw hale eliva on allege 2 4 19.32; de	19.0.2
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 8,457.m.	a(n 13 3aig
80 5- 29 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Da	te of onset
SAWYER, BDDKKEEPER, etc. MANL	N	
Andustry or business In which work was done, as SILK MILL,	Cerebral Demorrage 8	-20-3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation		
Manne	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		
	Name of accretion	
(State or country)	Neme of operation	
15. MAIDEN NAME Marcha Westerman	23. If deeth was due to external ceusas (VIDL ENCE) fill In also the following:	Syr
15. MAIDEN NAME Marcha Westerman 16. BIRTHPLACE (city or town). Lingland	Accident, suicide, or homicida?	19
Stete or country)	Where did Injury occur?	
17. INFORMANT Sasketal Records (Address) Sharwill Md.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURILL, CREMATION, OF REMOVAL	Manner of injury	
Postlan Md. Date aug 27, 1937	Neture of injury	
19. UNDERTAKER Stewart & Mowers (Address) Betting all Will	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Sug. 75, 1932 CHarry Fleed Registrar.	(Signed) Maus M Cols (Address) Aylestille, Ma	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	I	60	Example II	
The principal cause of death and of importance were as follows:	related causes	Dalof o se	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	13 19	915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	(C)	2921	Run over by street car	1 week ago
Cerebral hemorrhage	13 2	July 5 1927	Peritonitis	3 days ago
	12	D		
Other contributory causes of impo	ortance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH U8788
1. PLACE OF DEATH	94.0
County le andl	Registration Dist. No. 75
Village or City manchester	NoSt., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John W. Tre	aster I
(a) Residence (No. (Usual place of abode)	St., Ward. Lewistown Pa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oug 8th 193 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Leaster	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 113 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oete deceased lest worked et this secureties to many the and the state of the state	were es follows . Oate of onset
work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oete deceased lest worked et this occupetion (month end year) 11. Total time (years) spent in this occupetion / 93 / 93 / 93 / 93 / 93 / 93 / 93 / 9	
12. BIRTHPLACE (city of town) Parm q	Other Contributory Causes of Importance:
13. NAME William Fregster	
13. NAME William Teaster 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Man Reminae	23. If death wes due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME MANY Reminger 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Glo To Slasting (Address) Grange are To enation &	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plece My lintown Date aug 11, 1932	Manner of injury
19. UNDERTAKER & Ocol Write's Sans (Address) Manchester Ind.	24. Was diseese or Injury In any way related to occupetion of deceased?
20. FILEO aug 8 , 1932 Mrs. M. S. Deurle Registrar.	(Signed) Whatheren M. D. (Address) Manchesty Jul.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example IL WHHA	R
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		hall go diagnos mailleaune i image e mai	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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sh	Village
NS NS	Length o
CIA	2. FULL
, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of in arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stin plain terms, so that it may be properly classified. Exact statement of OCCUtant. See instructions on back of certificate.	(a) Res
E E C	PERS
Sxa 3xa	3. SEX
	neal
A L	5a, If married,
if C 1	5a. If married, HUSBAND (or)—WIFE
A A A ass	(or)_WIFE
G X E	
FF. F.	6. DATE OF BI
A ted	1. AUE
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N a a w	Z 8. Trade,
INK-THIS E should be a it it may be a on back of c	OLL SAN SAN SAN SAN SAN SAN SAN SAN SAN SAN
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M D W	≥ (St
d d d d d d d d d d d d d d d d d d d	17. INFORMANT
F	(Addres
sh sh	18. BURIAL, CR
SE	Place.
WRITE PLAINLY, WITH UNFADING INK nation should be carefully supplied. AGE sh. AUSE OF DEATH in plain terms, so that it ION is very important. See instructions on	0
2 5 5 5	19. UNDERTAKI

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
DIMIL		MINICIE	MIND	CLIVIII	OILIL		DEATH

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1. PLACE OF DEATH		(131)	4
County Carroll		Registration Dist, No.	3
Village or City Thoolle	ine.	No. St.,	Ward
leasth of analyses to situ orden when death		death occurred in a hospital or institution, give its NAME instead of street and a	
Length of residence in city or town where deeth	occurred to yrs, mos	ds. How long in U.S. if of foreign birth?yrsm	0\$ds.
2. FULL NAME Transce	d: Lusten		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
neale Ihite	OR DIVORCED (write the word)	1/11 22-	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND ot (or)-WIFE-OT Catherine	Tucker.	22. I HEREBY CERTIFY, That I ettended May 1832 10. Aug 22	deceased from
6. DATE OF BIRTH (month, day, end year) 186	7-1-11		: deeth is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 10 im.	
65 7	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8. Trade, prolession, or perticular kind of work done, es SPINNER,	/	muocarditio	Date of onset
SAWYER, BOOKKEEPER, etc.	both		1
ondustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Elu Interstitut refuite	1930
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deta decaesed lest worked at this occupation (month end year)	11. Totel time (yeers) spent in this occupation		
3. 4.0	h d	Other Contributory Causes of importence:	
(State or country)	Thus.	Che Menia	May 1132
13. NAME John Tenger	Eer.	bardiac descompunation	Num 1932
13. NAME John Tafel 14. BIRTHPLACE (city or town) met	ainy,	Neme of operation Date of	
(State of country)	y lafted.	Whet test confirmed diegnosis? Was there en a	
15. MAIDEN NAME Blew By	endette.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following	: nou
15. MAIDEN NAME Collew 134 16. BIRTHPLACE (city or town) Plane (State or country)	V4.	Accident, suicide, or homicide? Date of Injury	, 19
(Stata or country) Man	yland.	Where did Injury occur?	
17. INFORMANT Mus. Catherine (Address) Woodler	Tucker.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	4'1	Menner of injury	
Place to to las I to muy so alles	Sty ching 24, 1932	Nature of injury	
19. UNDERTAKER 6. M. Mal	19.	24. Wes disease or injury In any wey related to occupation of deceased?	~
(Address) Windigle	mid.	If so, specify	
an surd 111073 19107110	M 1/2001	(Signed) Slewly Fracel	M. D.
20. HILLIAM GOTT, INCO-CAMEGO	Registrar.	(Address) May My	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

	2. FULL NAME Many Elizabeth Win	ds. How long in U.S. if of foreign birth?yrsm	
	(a) Residence: No. (Usual place of abode)	St., Ward.	
-	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
-	Terreale White OR DIVORCED (write the word)	(Month) (Dey)	, 193 (Year)
	6. DATE OF BIRTH (month, day, and year) 185-2-7-6	22. I HEREBY CERTIFY. That I attanded March 1932, to Oug 6 I last saw her alive on oug 6 1932	decaased from
~	7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
14000	8. Trade, profession, or particular kind of work done, as SPINNER, at home SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL	arterio Scherosio Che Interstitial nephritis	Data of onset
92.4	SAW MILL, BANK, atc	myviarditi	
	12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:	8/193
6	13. NAME HM. H. Quincy		
-	13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Name of operation	autopsy?
04	15. MAIDEN NAME Coligabilly. Sissone	23. If death was due to external causes (VIOLENCE) fill In also the following	
TOT	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury	
	17. INFORMANT Mrs. 6 has. D. Routzal (Address) Mrt. Ann. 2 has	Whare did injury occur? (Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ne) ACE.
	18. BURIAL, CREMATION, OR REMOVAL Contrate any 8-, 1932	Mannar of injury	
	19. UNDERTAKER 6. M. Waltz. (Address) King Rield mol.	24. Was disease or injury in any way related to occupation of decaasad? If so, specify	nd
	20. FILED Oveg 6, 1934 It is Aryder Registrar.	(Signed) Davly Fratell Marging, M	d. M. I

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I	- Indiana	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEL A Tree	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V.	July 5,1927	Peritonitis	3 days ago
		-		
	All All and the second			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	8611			
1. PLACE OF DEATH	. /			
County Carroll Registration Ost. No. , 1	74.			
Village or City Ly Reswelle Na Kring Seeld Stale Aseo	fullward			
Length of rasidanca In city of own where death occurred 15 yrs 6 mos 6. How long in U.S. if of foreign birth? yrs	number) 10s. ds.			
2. FULL NAME Edgs Wilkes.	A			
(a) Residence: No. 7 19 George St. St. Hawardeslawan Mars	land.			
(a) Residence. No. (Usual place of abode) If nonresident give city or town in	d State			
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (wire the word) Lucil Single Month) (Day)	, 193 2. (Yaar)			
53. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY That I attended The strenges of the strenge				
6. DATE OF BIRTH (month, day, and year) May 24, 1890 Hast sawher alive on aug 9, 19/5	/			
7. AGE Years Months Days If LESS than to have occurred on the dete stated above, et /2, 2/m.				
42 2 /6 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset			
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset			
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. SAWYER, BDDKKEEPER, etc. SINdustry or business in which work was done, as SHLK MILL.	1915			
work wes done, es SiLK MILL, SAW MILL, BANK, atc.				
SAW MILL, BANK, atc				
yeer) Occupation Dther Contributory Canada of importance:				
12. BIRTHPLACE (city or town) Maky Land				
(State or country)				
13. NAME John J. Wilker 14. BIRTHPLACE (city or town) Maryland Name of operation. Date of				
14. BIRTHPLACE (city or town) Name of operation Oate of the control of the cont				
what lest confirmed diagnosis? was there en				
The state of the s				
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of Injury Country Where did Injury occur?	, 19			
(Specify city or town, county and Str. INFORMANT Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLANTS Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLANTS Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLANTS SPECIFICATION OF THE PUBL	ite) LACE,			
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of injury				
19. UNDERTAKER FLEAM Straigs 24. Was disease or injury in any way releted to occupation of deceased? (Address) Stragerstown Ma. If so, specify				
20. FILED Ling. 9, 19 32 Charley Mee. (Signed) Make M. CLS Registrar. (Address) L. Revestlis M. If more blanks are needed, address State Revistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M, D.			

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BORRAU V.S				
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Gallstones	May 1,1923	Gastroenteritis	1 year	

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